Association of Connecticut Ambulance Providers

Aetna Ambulance -:- Ambulance Service of Manchester -:- American Ambulance Service
Campion Ambulance Service -:- Hunter's Ambulance Service

Testimony of Association of Connecticut Ambulance Providers

Opposing Section 8 of House Bill 5580

Planning & Development Committee, March 21, 2014 Public Hearing

Senator Osten, Representative Rojas and distinguished members of the Planning and Development Committee Committee.

Our association members provide ambulance medical transports for approximately 200,000 patients on an annual basis and serve 45 towns in Connecticut. This is done with a network of 128 ambulances and dedicated staff of over 900 including highly trained first responders.

I am here today to speak in ***opposition of House Bill No. 5580*** **AN ACT CONCERNING THE PESTICIDE ADVISORY COUNCIL, THE RECOMMENDATIONS OF THE EMERGENCY MEDICAL SERVICES PRIMARY SERVICE AREA TASK FORCE AND THE ELIMINATION OF A MUNICIPAL MANDATE."**

The Association of Connecticut Ambulance *Providers* ***opposes section 8 of House Bill 5580.*** The legislatively appointed Primary Service Area (PSA) Task Force has made four solid recommendations for improvements in the statewide EMS system which are included in sections 4, 5, 6 and 7 of the underlying bill. These recommendations were consensus driven and are constructive and enhance the roles of the Department of Public Health, the municipalities, and the EMS providers.

Specifically, these recommendations provide objective modernizations that are focused on response time accountability, quality patient care, municipal capabilities and regionalized resource identification and utilization.

Emergency medical service is the practice of medicine in the out-of-hospital environment by EMT's and Paramedics. The authority by which this delivery of medical care is provided exists with the state department of public health and is delegated through the comprehensive relationship between each PSAR, an acute care sponsor hospital with physician oversight, medical direction and control. Further, the emergency medical services response system as it has evolved, spans across designated regions, involves regionalized mutual aid agreements and creates a statewide emergency medical system that has the capacity and ability to expand and contract as the demands within this system change.

The PSA Task force determined that statutes passed in 2000 (P.A. 00-151) were not fully implemented or properly utilized. These statutes were intended to create a method by which municipalities could seek removal of a PSAR for non-performance and that also established that DPH publish a local EMS plan template and assure that each community complete and maintain such a plan to be periodically reviewed by DPH.

DPH reports they have no record of any municipality using the statute(s) as intended for removal of a PSAR. DPH also reports that they have incomplete data indicating that the tasks related to Local EMS Plans were followed through with as the statutory language provided for and does not have complete records of EMS plans for each municipality.

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As a result, the taskforce developed a revised EMS plan that now incorporates quality measures for performance including identifying response time standards and mutual aid relationships. In addition, the Task Force developed definitions for "emergency" and "unsatisfactory" performance. If a community has concerns over the level or quality of emergency medical care being provided, these enhancements to the statute provide a defined process with assigned timeline for follow through by DPH. This process provides for a non-biased review to standards of care, and response and is an important component in quality assurance while maintaining a statewide quality of care perspective and reducing or altogether eliminating individual service or community agendas from clouding an objective review.

These comprehensive modernizations as proposed by adopting the consensus driven recommendation 1-4 of the PSA Task Force report provide for an objective platform of performance standards that appropriately engage the provider, the municipality and the DPH. The net result directly translates to stability across the emergency medical services network of providers who already meet the standards, while promoting an process of transition to those providers and municipalities that need to develop or strengthen their plans to meet a new level of expected performance.

In summary, the delivery of high quality and coordinated emergency medical response, care and transport is essential in our state.

The proposed changes as outlined in section 8 of House Bill 5580 are subjective in nature and duplicative to the objective criteria provided in sections 4-7 and House Bill 5542, which we support.

The members of our association are available to answer any questions and work proactively on systems enhancements as necessary.

Respectfully Submitted,

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